

Office On Aging

Application for Volunteer Placement – Senior Center

Date _____

Name _____ Home Phone _____ Cell# _____

Address _____ Work Phone # _____

Town _____ Zip _____ Age (if under 18) _____

Email _____ School _____

Grade _____ Education level completed _____

Occupation _____

Languages spoken _____ Birthday (MM/DD/YY) _____

Organizational Memberships _____

Why did you select the senior center for volunteering? _____

How did you hear about this volunteer opportunity? _____

Do you have any special skills or talents you can share? _____

What related experience (volunteer or paid) do you have? _____

Indicate any physical limitations? _____

References (non-relatives) from previous job, volunteer job or related work:

1. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____
2. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____

Personal Character References:

1. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____
2. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____

In case of emergency notify:

1. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____
2. Name _____ Relationship _____ #Yrs. Known _____
Address _____ Phone _____

Availability – for hours available Monday – Friday 8:30 – 4:30

☐ Year Round ☐ School Year ☐ Winter/Spring Break ☐ Summer Only

Number of hours interested in volunteering per day assigned _____

Days available ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri.

Times available _____

Job Interest: (please check area of interest for volunteer work)

Office Support

- ☐ Computer entry
- ☐ Receptionist
- ☐ Door Greeter
- ☐ Mailings
- ☐ Typing
- ☐ Closet Organizer
- ☐ General clerical

Program Support

- ☐ Computer room monitor/teacher
- ☐ Gardening/plants
- ☐ Entertainer
- ☐ Language teacher
- ☐ Drama/acting teacher
- ☐ Artistic support/crafts
- ☐ Cooking groups
- ☐ Slide travelogues
- ☐ Musical abilities
- ☐ Party assistant
- ☐ Board games
- ☐ Outdoor games area
- ☐ Chess
- ☐ Speaker on topic
- ☐ Wii
- ☐ Other _____

Outreach

- ☐ Kitchen assistant
- ☐ Tax Aide
- ☐ Shopping assistant
- ☐ Health Benefits Counselor
(Training course required)

*****For office use only*****

Start date _____ Length of job _____

Job Assignment _____

Days assigned _____

Times assigned _____

Supervisor _____

Comments _____

OFFICE ON AGING

ALL VOLUNTEER APPLICANTS MUST COMPLETE SECTION I AND SECTION IV

TO: All New Volunteers or Temps
FROM: Peggy Kelly-Beal, Human Resources Coordinator
SUBJECT: Volunteer Form

PROGRAM or Temp Agency: ☐ Temp Agency _____
☐ Volunteer
☐ School Project _____

Program Info: Start Date: _____ **End Date:** _____

MUST BE COMPLETED BY ALL VOLUNTEER APPLICANTS

Section I. Please fill in the following information (this is for emergency information only):

FULL NAME: _____
ADDRESS: _____

PHONE # - home _____
cell: _____
PROGRAM or Temp Agency: _____

MUST BE COMPLETED BY ALL VOLUNTEER APPLICANTS

Section II: In case of emergency, notify:

NAME: _____
RELATIONSHIP: _____
ADDRESS: _____

PHONE # - home _____
work: _____
cell: _____

Section III: Department Head: Please list the duties that will be assigned to this person.

Date Department Signature of Department Head

MUST BE COMPLETED BY ALL VOLUNTEER APPLICANTS

Section IV. Volunteer or Temp must read and sign:

I, _____ (name) have read and understand that I will be working for the
_____ Department and will be assigned the duties as listed above.

If above is a minor, this statement must be signed by a parent or legal guardian.

Date Signature of Volunteer or Temp

Date Signature of Parent or Guardian